## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

242418 USZ

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                 |                                                                                       |                                 |                                       |                        |              |                  |        | SMALL ENTITY TYPE |               |         | OTHER THAN OR SMALL ENTITY |               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------|---------------------------------------|------------------------|--------------|------------------|--------|-------------------|---------------|---------|----------------------------|---------------|--|
| TOTAL CLAIMS                                                                                                                                                                                                   |                                                                                       |                                 | 18                                    |                        |              |                  |        | RATE              | FEE           | 1       | RATE                       | FEE           |  |
| FOR                                                                                                                                                                                                            |                                                                                       |                                 | NUMBER FILED                          |                        | NUMBER EXTRA |                  |        | BASIC FEE         | 375.00        | OR      | BASIC FEE                  | 750.00        |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                        |                                                                                       |                                 | 8 minus 20≃                           |                        | * Ø          |                  |        | X\$ 9=            |               | OR      | X\$18=                     |               |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                             |                                                                                       |                                 | $\mathcal{J}$ mi                      | nus 3 ≈                | * 'Q         |                  |        | X42=              |               |         | X84=                       |               |  |
| MU                                                                                                                                                                                                             | LTIPLE DEPEN                                                                          | DENT CLAIM P                    | RESENT                                |                        | L            |                  |        | <b> </b>          |               | OR      |                            |               |  |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                       |                                                                                       |                                 |                                       |                        | "Ω" in α     | column 2         | ,      | +140=             |               | OR      | +280≈                      |               |  |
| "                                                                                                                                                                                                              |                                                                                       |                                 |                                       |                        |              |                  |        | TOTAL             | L             | OR      | TOTAL                      | 750           |  |
|                                                                                                                                                                                                                | G                                                                                     | LAIMS AS A<br>(Column 1)        | MENDED - PART II<br>(Column 2) (Colum |                        |              | (Column 3)       |        | SMALL ENTITY OR   |               |         | OTHER THAN SMALL ENTITY    |               |  |
| 4                                                                                                                                                                                                              |                                                                                       | CLAIMS                          |                                       | HIGH                   | EST          |                  | 1      |                   | ADDI-         | 1       |                            | ADDI-         |  |
| AMENDMENT A                                                                                                                                                                                                    |                                                                                       | REMAINING<br>AFTER<br>AMENDMENT | :<br>                                 | NUMI<br>PREVIO<br>PAID | DUSLY        | PRESENT<br>EXTRA |        | RATE              | TIONAL<br>FEE |         | RATE                       | TIONAL<br>FEE |  |
|                                                                                                                                                                                                                | Total                                                                                 | *                               | Minus                                 | **                     |              | = -              |        | X\$ 9=            |               | OR      | X\$18=                     |               |  |
|                                                                                                                                                                                                                | Independent                                                                           | *                               | Minus                                 | ***                    |              | =                |        | X42=              |               | OR      | X84=                       |               |  |
| L                                                                                                                                                                                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                 |                                       |                        |              |                  | 1      | .140              |               |         | .000                       |               |  |
|                                                                                                                                                                                                                |                                                                                       |                                 |                                       |                        |              |                  |        | +140=<br>TOTAL    |               | OR      | +280=                      |               |  |
|                                                                                                                                                                                                                |                                                                                       |                                 |                                       |                        |              |                  |        |                   |               | OR      | TOTAL<br>ADDIT. FEE        |               |  |
| _                                                                                                                                                                                                              |                                                                                       | (Column 1)<br>CLAIMS            | (Column 3)                            | <b>.</b>               |              |                  | _      |                   |               |         |                            |               |  |
| 8                                                                                                                                                                                                              |                                                                                       | REMAINING                       |                                       | HIGH<br>NUM            | BER          | PRESENT          |        | DATE              | ADDI-         |         | D.T.                       | ADDI-         |  |
| <b>AMENDMENT</b>                                                                                                                                                                                               |                                                                                       | AFTER<br>AMENDMENT              |                                       | PREVIO<br>PAID         |              | EXTRA            |        | RATE              | TIONAL<br>FEE |         | RATE                       | TIONAL<br>FEE |  |
|                                                                                                                                                                                                                | Total                                                                                 | *                               | Minus                                 | **                     |              | =                |        | X\$ 9=            |               | OR      | X\$18=                     |               |  |
|                                                                                                                                                                                                                | Independent                                                                           | *                               | Minus                                 | ***                    | <del></del>  | =                |        | X42=              |               | OR      | X84=                       |               |  |
| L                                                                                                                                                                                                              | FIRST PRESE                                                                           | NTATION OF MI                   | JLTIPLE DEF                           | PENDENT                | CLAIM []     |                  | J      | .140              |               |         | .000                       |               |  |
|                                                                                                                                                                                                                | 1 \6                                                                                  |                                 |                                       |                        |              |                  |        | +140=<br>TOTAL    |               | OR      | +280=<br>TOTAL             |               |  |
|                                                                                                                                                                                                                |                                                                                       |                                 |                                       |                        |              |                  |        | ADDIT. FEE        |               | OR      | ADDIT. FEE                 |               |  |
| _                                                                                                                                                                                                              |                                                                                       | (Column 1)<br>CLAIMS            |                                       | (Colur                 |              | (Column 3)       |        |                   |               |         |                            |               |  |
| AMENDMENT C                                                                                                                                                                                                    |                                                                                       | REMAINING                       |                                       | HIGH<br>NUMI           | 3ER          | PRESENT          | 1 [    |                   | ADDI-         |         |                            | ADDI-         |  |
|                                                                                                                                                                                                                |                                                                                       | AFTER<br>AMENDMENT              |                                       | PREVIO<br>PAID         |              | EXTRA            | }      | RATE              | TIONAL<br>FEE |         | RATE                       | TIONAL<br>FEE |  |
|                                                                                                                                                                                                                | Total                                                                                 | *                               | Minus                                 | **                     |              | =                |        | X\$ 9≈            |               | OR      | X\$18=                     |               |  |
|                                                                                                                                                                                                                | Independent                                                                           | *                               | Minus                                 | ***                    |              | =                |        | X42=              |               | 00      | X84=                       |               |  |
| L                                                                                                                                                                                                              | FIRST PRESE                                                                           | NTATION OF M                    | JLTIPLE DEPENDENT                     |                        | CLAIM        | CLAIM            |        |                   |               | OR      |                            |               |  |
| *                                                                                                                                                                                                              | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                 |                                       |                        |              |                  |        |                   |               | OR      | +280=                      |               |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE ADDIT. FEE |                                                                                       |                                 |                                       |                        |              |                  |        |                   |               |         |                            |               |  |
|                                                                                                                                                                                                                | The "Highest Num                                                                      | ber Previously Pa               | id For" (Total o                      | r Independ             | ent) is the  | e highest numbe  | er fou | and in the app    | oropriate box | c in co | lumn 1.                    |               |  |